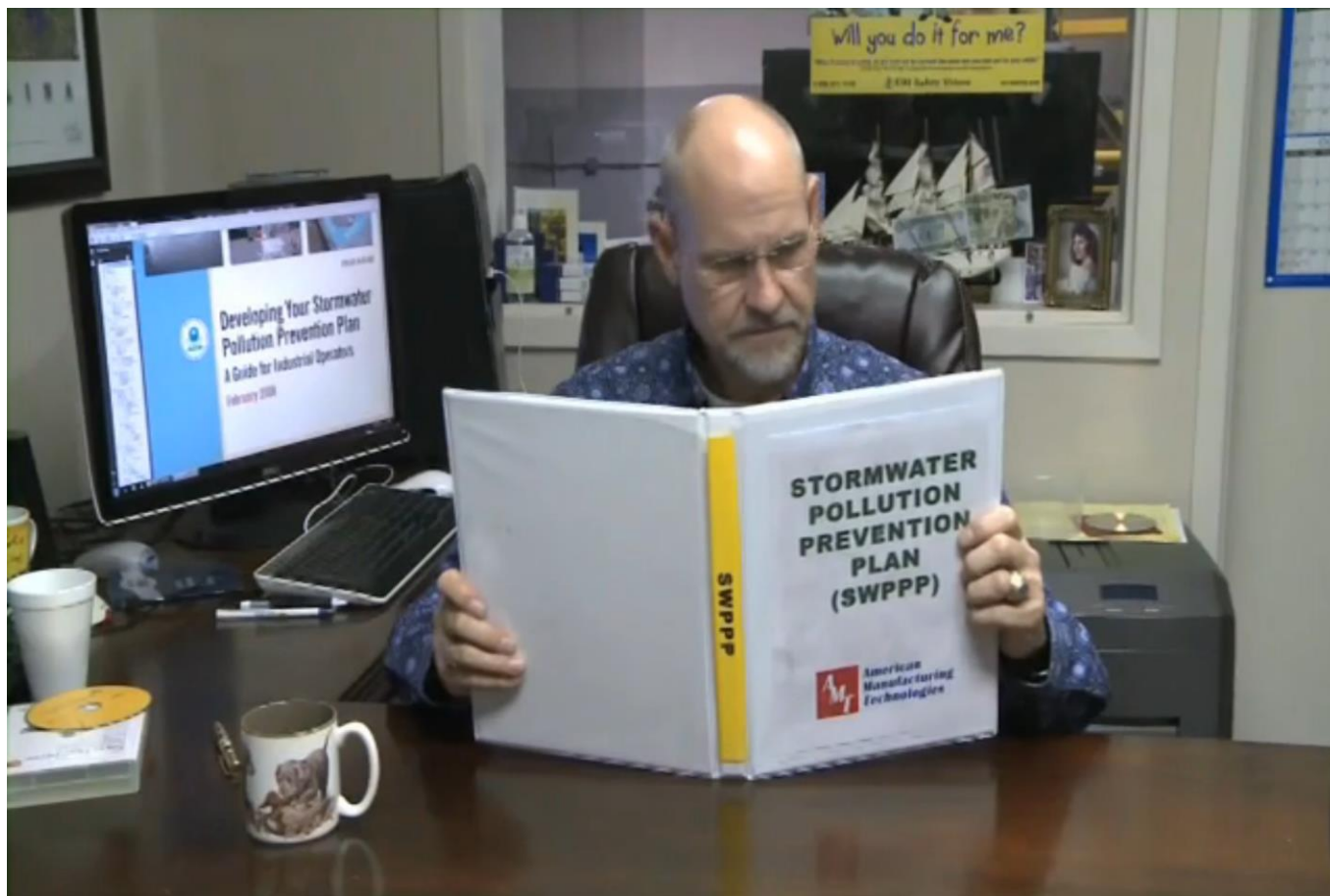


STORMWATER 101

Jesse J. Torres

Industrial Stormwater Compliance Specialist





City of Abilene Stormwater Services

[TCEQ MSGP Renewal Information](#) [↗](#) (Effective August 14, 2016)

Sector A: Timber Products	Sector P: Land Transportation and Warehousing
Sector B: Paper and Allied Products	Sector Q: Water Transportation
Sector C: Chemical and Allied Products	Sector R: Ship and Boat Building or Repairing Yards
Sector D: Asphalt Paving and Roofing Materials and Lubricants	Sector S: Air Transportation
Sector E: Glass, Clay, Cement, Concrete, and Gypsum Products	Sector T: Treatment Works
Sector F: Primary Metals	Sector U: Food and Kindred Products Facilities
Sector G: Metal Mining (Ore Mining and Dressing)	Sector V: Textile Mills, Apparel, and other Fabric Product Manufacturing Facilities
Sector H: Coal Mines and Coal Mining Related Facilities	Sector W: Furniture and Fixtures
Sector I: Oil and Gas Extraction Facilities	Sector X: Printing and Publishing
Sector J: Mineral Mining and Processing Facilities	Sector Y: Rubber, Misc. Plastic Products, and Misc. Manufacturing Facilities
Sector K: Hazardous Waste Treatment, Storage, and Disposal Facilities	Sector Z: Leather Tanning and Finishing
Sector L: Landfills and Land Application Sites	Sector AA: Fabricated Metal Facilities
Sector M: Automobile Salvage Yards	Sector AB: Transportation Equipment, Industrial or Commercial Machinery Manufacturing Facilities
Sector N: Scrap and Waste Recycling Facilities	Sector AC: Electronic, Electrical, Photographic and Optical Goods
Sector O: Steam Electric Generating Facilities	Sector AD: Misc. Industrial Activities

[Check the status of your permit online.](#) [↗](#)

Permit requirements are based on either the facilities Standard Industrial Classification (SIC) code or its North American Industrial Classification System (NAICS) code. If your industrial activity is described by one of the required SIC codes, you MUST have permit coverage.

[SIC Codes](#)

[NAICS Conversion Table](#)

If you are unsure of your industry code you can go to the Department of Labor, OSHA website. Use their [look up tool](#) [↗](#) to find your applicable SIC code.



Stormwater Pollution Prevention Plan (SWP3)

- Is one developed?
- Is it Site Specific?
- Is it covered in dust or well maintained?
- Is the SWP3
 - Signed?
 - Complete?
 - In compliance with regulations?

select criteria
Number under which

Historic Preservation

☐ A ☐ B ☐ C ☐ D

g the instructions in Appendix F of the MSGP, and

H. Certifier Name and Title

I certify under penalty of law that I meet the eligibility conditions of this permit and that this is
supervision in accordance with a system designed to assure that qualified personnel properly
the person or persons who manage the system, or those persons directly responsible for g
of my knowledge and belief, true, accurate, and complete. I certify that I am aware that the
possibility of fines and imprisonment for knowing violations.

Print Name: PONDORRELLI

Title: PLANT MANAGER

Signature: [Handwritten Signature]

E-mail: PONDORRELLI@AVO.COM

NOI Preparer (Complete)

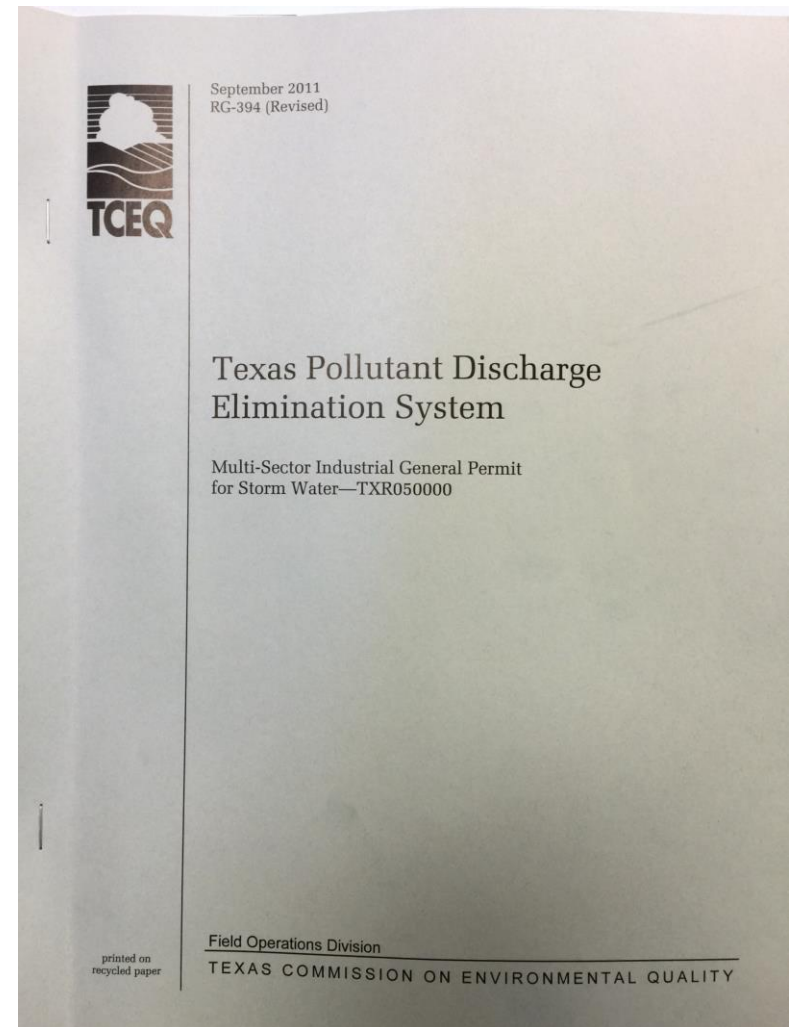
Prepared by:

Common Problems

- Paperwork
- Maintaining the SWP3
- Housekeeping
- Unaware of how rules apply
 - No implementation of the SWP3.
 - Not completing quarterly inspections & visuals.
 - No employee training or documentation.
 - No benchmark or hazardous sampling completed.

Permit References

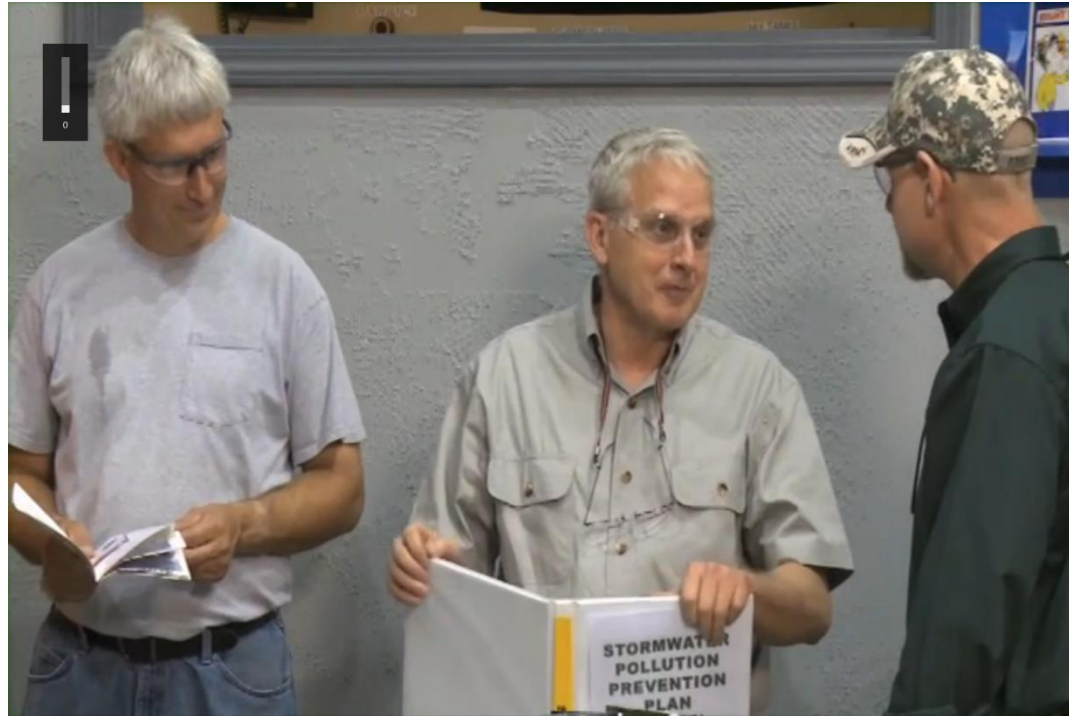
- Effective August 14, 2011
- Watch for permit references.
- * Pg. 1



Major Components

- Pollution Prevention Team. * Pg. 43
- Description of Potential Pollutants and Sources.
* Pg. 43
- Pollution Prevention Measures & Controls. * Pg. 46
- Best Management Practices (BMP). * Pg. 46
 - Developed to address potential pollutants.
 - Implement BMP's

Develop a Pollution Prevention Team



- Clearly identified by name and/or position.
- Responsibilities are clearly identified.
- May include environmental professionals that are under contract to the permittee.
- Team Responsibilities: The team is responsible for the development of the SWP3 and for assisting the operator or operator's designee in the implementation, maintenance, and revision of the SWP3.

Pollution Prevention Measures & Controls

- Best Management Practices (BMP's)
- Good Housekeeping Measures
- Controls (Oil water separators, berms, etc.)
- Spill Prevention & Response Measures
- Employee Training Program

Best Management Practices

BMP's

- Clean spills and leaks promptly using dry methods (absorbents).
- Ensure garbage, waste and floatables are intercepted.
- Drain fluids from scrap equipment and/or vehicles prior to on-site storage or disposal.
- Many, many more.....

Good Housekeeping Measures



Spill Prevention & Response

This section must:

- Require drums, tanks, & other containers to be clearly labeled.
- Clearly mark hazardous waste containers that require special handling, storage, use, & disposal.
- Develop & implement specific spill prevention, detection, & clean-up procedures & techniques.

Spill Prevention & Response

- Develop & maintain an inventory of spill cleanup materials & equipment.
- * Pg. 47



- * Pg. 48



STORMWATER EMPLOYEE TRAINING PROGRAM ROSTER

[illegible]

Training Topics Covered

Part III, Sec. A, 4(f)

- Proper material management and handling practices for specific chemicals, fluids, and other materials used or commonly encountered at the facility.
- Spill prevention methods.
- The location of materials and equipment necessary for spill clean-up.
- Spill clean-up techniques.
- Proper spill reporting procedures.
- Familiarization with good housekeeping measures, Best Management Practices, and goals of the Stormwater Pollution Prevention Plan.

Conduct your Non-Stormwater Discharge Survey



Survey of Non-Storm Water Discharges Documentation

Instructions (see TCEQ MSGP Part III, Sec. B, 1):

- The questions below require you to provide documentation of the following:
 - o Your evaluation for the presence of non-storm water discharges at your site; and
 - o Your elimination of any unauthorized non-storm water discharges.

- Date of evaluation: Insert the date(s) of your evaluation.
- Description of the evaluation criteria used: Describe the method you used to conduct your evaluation and to determine for each non-stormwater sources whether it is prohibited or allowed under the permit.
- List of the outfalls or onsite drainage points that were directly observed during the evaluation: Insert outfalls/drainage points observed.
- Different types of non-stormwater discharge(s) and source locations: Describe types of non-stormwater discharges observed and the corresponding outfall or drainage point.

Action(s) taken, such as a list of control measures used to eliminate unauthorized discharge(s), if any were identified. For example, a floor drain was sealed, a sink drain was re-routed to sanitary, or an TPDES permit application was submitted for an unauthorized cooling water discharge. Describe actions taken to eliminate unauthorized non-stormwater discharges and the corresponding outfall/drainage point affected.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name:

B. Title:

C. Signature:

D. Date Signed:

- Approved non-stormwater discharges can be found on page 26 of the permit.
- The SWP3 must include a list of all non-stormwater discharges at the facility.
- Investigation for non-stormwater discharges: Shall be conducted within 180 days of NOI or NOI renewal.
- Certification: Must include how the evaluation was conducted, results of the testing, date of evaluation, and portions of the storm sewer system that were observed
- * Pg. 50

Routine Facility Inspections (Periodic Inspections)



Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Insert Name		
TPDES Tracking No.	Insert Tracking No.		
Date of Inspection	Insert Date	Start/End Time	Insert Start/End Time
Inspector's Name(s)	Insert Name		
Inspector's Title(s)	Insert Title		
Inspector's Contact Information	Insert Contact Info		
Weather Information			
Weather at time of this inspection?			
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other: _____ Temperature: _____			
Have any previously unidentified discharges of pollutants occurred since the last inspection?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Describe			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe: Describe			

Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
2	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
3	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
4	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
5	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
6	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions
7	Insert Control Measure Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	Describe Corrective Actions

Non-Compliance

Describe any incidents of non-compliance observed and not described above:
Describe Non-compliance

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:
Describe Additional Controls Needed

Best Management Practices

Describe any identified best management practices that are not being properly or completely implemented in order to
comply with the permit requirements:
Additional Notes

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: _____

Signature: _____ Date: _____



Quarterly Visual Inspections



MSGP Quarterly Visual Assessment Form

(Complete a separate form for each outfall you assess)

Name of Facility: Name of Facility TPDES Tracking No. Insert Tracking No.
Outfall Name: Name *Substantially Identical Outfall? ☐ No ☐ Yes (identify substantially identical outfalls):

Person(s)/Title(s) collecting sample: Name/Title

Person(s)/Title(s) examining sample: Name/Title

Date & Time Discharge Began: Date & Time Sample Collected: Date & Time Sample Examined:
Enter date and time Enter date and time Enter date and time

Substitute Sample? ☐ No ☐ Yes (identify quarter/year when sample was originally scheduled to be collected):

Nature of Discharge: ☐ Rainfall ☐ Snowmelt

If rainfall: Rainfall Amount: No of Previous Storm Ended > 72 hours ☐ Yes ☐ No* (explain):
inches inches Before Start of This Storm?

Parameter

Color ☐ None ☐ Other (describe):
Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☐ Solvents ☐ Other (describe):
Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other
Floating Solids ☐ No ☐ Yes (describe):
Settled Solids** ☐ No ☐ Yes (describe):
Suspended Solids ☐ No ☐ Yes (describe):
Foam (gently shake sample) ☐ No ☐ Yes (describe):

Oil Sheen ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick
☐ Other (describe):

Other Obvious Indicators ☐ No ☐ Yes (describe):
of Stormwater Pollution

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately one-half hour.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary). Insert details

Certification by Facility Responsible Official (Refer to TCEQ MSGP Part III Section E, & C for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name:

B. Title:

C. Signature:

D. Date Signed:



Outfall

An outfall is the point (or points) at the boundary of your facility where storm water runoff leaves your site, or within your facility where the discharge enters a receiving water.



Annual Comprehensive Inspection

- Required yearly Inspection.
- Assesses the effectiveness of the SWP3.
- May substitute for a periodic inspection if it is conducted during the regularly scheduled period for the periodic inspection.
- * Pg. 53.

Annual Comprehensive Compliance Report

- Completed within 30 days of performing the Annual Inspection.
- Observations relating to control measures.
- Any revisions to the SWP3.
- Any incidents of non-compliance.
- * Pg. 54.

Hazardous Metal Sampling

HAZARDOUS METALS - INLAND WATERS

STW / TXR05 / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER

(17-19)

DISCHARGE NUMBER

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

MONITORING PERIOD

YEAR MO DAY

(20-21) 01 01

YEAR MO DAY

(26-27) 12 31

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max			1/Year	Grab
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	4.0 Daily Max	mg/l		1/Year	Grab
Cadmium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab
Chromium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max	mg/l		1/Year	Grab
Copper	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max	mg/l		1/Year	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH AND INTENDING TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS IN CHARGE OF THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (3-99)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

PAGE OF

Form Approved OMB No. 2040-004





Hazardous Metals Monitoring Waiver for Stormwater Discharges Associated with Industrial Activity Under the TPDES Multi-Sector General Permit (TXR050000)

Complete this form for the outfalls listed in the facility's stormwater pollution prevention plan (SWPPP). Use additional forms as needed. Keep this form on site with the SWPPP and make sure that it is readily available to TCEQ investigators on request.

TPDES Permit Number: TXR05|_|_|_|_|

Outfall (as listed in the SWPPP)	These metals are excluded from monitoring if checked:											
	As	Ba	Cd	Cr	Cu	Pb	Mn	Hg	Ni	Se	Ag	Zn

Key to metals: As = arsenic; Ba = barium; Cd = cadmium; Cr = chromium; Cu = copper; Pb = lead; Mn = manganese; Hg = mercury; Ni = nickel; Se = selenium; Ag = silver; Zn = zinc

I certify under penalty of law that the hazardous metals checked in the above table meet at least one of the three criteria found in Part III, Section C.1. (d) (1) to (4) for the discharge location/respective outfall that is authorized by the TPDES Multi-Sector General Permit:

- That the regulated facility does not use a raw material, produce an intermediate product, or produce a final product that contains one of these hazardous metals.
- That any raw materials, intermediate products, or final products which contain a hazardous metal are never exposed to stormwater or runoff.
- That a sample of the discharge from the facility has been analyzed for one or more of the listed hazardous metals, and the results indicate that the metal(s) is/are not present in detectable levels. Test methods utilized are sensitive enough to detect the following parameters at the minimum analytical level (MAL) as specified in Part III.D.1.(e)(iii) of the TPDES Multi-Sector General Permit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator/Representative Name (printed or typed): _____

Signature: _____ Date (mm/dd/yy): _____

Waiver

* Pg. 56



Sector Specific Regulations & Sampling

- Be mindful of sector specific regulations.

Section M. Sector M of Industrial Activity - Automobile Salvage Yards

1. Description of Industrial Activity

The requirements under this section apply to storm water discharges from activities identified and described as Sector M. Sector M industrial activities are described by the following SIC code:

SECTOR M: AUTOMOBILE SALVAGE YARDS

SIC Codes Description of Industry Sub-sector

5015 Automobile Salvage Yards

2. Additional SWP3 Requirements

- (a) Employee Training. The following areas must be addressed in the employee training program: proper handling (collection, storage, and disposal) of oil, used mineral spirits, anti-freeze, mercury switches, and solvents.
- (b) Site Map. Include the locations of the following:
 - (1) vehicle and vehicle parts storage areas;
 - (2) vehicle dismantling areas;
 - (3) vehicle and equipment fueling and maintenance areas;
 - (4) vehicle, parts, and equipment cleaning areas;
 - (5) waste treatment, storage and disposal areas; and
 - (6) areas where fluids or fuels are stored in drums, tanks, or other containers.
- (c) The SWP3 must include an assessment of the potential for each of the areas listed above to contribute pollutants to storm water discharges from the site.
- (d) Spill Prevention and Response Measures.

Benchmark Monitoring Sampling

3. Benchmark Monitoring Requirements

The following subsections must conduct benchmark monitoring according to the requirements in Part IV of this general permit and conduct evaluations on the effectiveness of the facility SWP3 based on the following benchmark values:

Table 32. Benchmark Monitoring Requirements for Subsections in Sector AA

SIC Code	Description of Industrial Activity	Benchmark Parameter	Benchmark Value
3411-3499 3911-3915	Fabricated Metal Products Except Coating	Aluminum, total Iron, total Zinc, total Nitrate + Nitrite N TSS	1.2 mg/L 1.3 mg/L 0.16 mg/L 0.68 mg/L 50 mg/L
3479	Fabricated Metal Coating and Engraving	Zinc, total Nitrate + Nitrite N	0.16 mg/L 0.68 mg/L

Part V, Section AA, 3

Benchmark Monitoring

- Conducted once every 6 months for 4 years following permit issuance.
- * Pg. 72

Report of Benchmark Monitoring Data for Stormwater Discharges Associated with Industrial Activity under the TPDES Multi-Sector General Permit (TXR050000)

TCEQ Permit No. TXR051234, SIC code: 2420 or Industrial Activity Code: 11, Sector: AA

Parameter	Benchmark Level (mg/l)	1st Period Result (Jan-Jun)	2nd Period Result (Jul-Dec)	Annual Average Result (mg/l)	Check (Y) if Annual Average Exceeds Benchmark Level
Aluminum	1.2 mg/L				
Iron	1.3 mg/L				
Zinc	0.16 mg/L				
Nitrate	0.68 mg/L				
TSS	50 mg/L				

As the operator/representative of this facility, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on the inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Instructions:

- In the top right hand corner, be sure to fill out the permit identification number assigned to your facility. It will begin with "TXR05" and have 4 number or combination of letters/numbers that follow. If you do not know this number, look it up at http://www5.tceq.texas.gov/wq_dpa/index.cfm or contact us (see below).
- Fill out the regulated SIC code and/or industrial activity code, as well as the sector (refer to MSGP).
- To find benchmark monitoring parameters, look up the SIC code by industrial sector in Part V of the MSGP. All other benchmark monitoring requirements are in Part IV of the MSGP (frequency, etc.). Not all facilities are required to conduct benchmark monitoring. Review the MSGP, and contact us if you have questions.
- Complete a separate copy of this form for each regulated SIC code. If more benchmark parameters are required than space allows, attach another form.
- Enter Sampling Results:
 - If more than one outfall was sampled for a parameter, then each period's monitoring results entered in this table should be the average value from all outfalls for that parameter for that six month period.
 - Enter each result in milligrams per liter (mg/L). If the lab reported micrograms per liter (µg/L), multiply each value by 0.001 to calculate mg/L—for example: 2 µg/L x 0.001 = 0.002 mg/L.
 - See the attachment to this form for examples of completed entries.
 - If an annual result exceeded a benchmark value, mark the right hand column. The MSGP requires that each exceedance be investigated (see Section IV.A. of the MSGP).
- Sign the completed report form in accordance with 30 TAC Section 305.128.
- Submit the completed form to the TCEQ **on or before March 31st** of each year to:

**TCEQ
Stormwater and Pretreatment Team, MC-148
P.O. Box 13087
Austin TX 78711-3087**

Questions? Contact the Stormwater & Pretreatment Team at (512) 239-4671 or SWGP@tceq.texas.gov. Information is also available at www.tceq.texas.gov.

NOTE!!!!

- Know ahead of time what you need to be sampling for.
- Depending on sector as you are collecting one sample you may as well collect enough discharge water for any other samples that are required.

STORMWATER SERVICES

Jesse J. Torres

325-676-6448 Office

325-676-6460 Fax

Public Works Division

555 Walnut Street

Suite 207

PO Box 60

Abilene, TX 79604

